## PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:			<u>Mail</u>	Mail Stop ISSUE FEE Commissioner for Pate PO Box 1450 Alexandria, Virginia 2:	ents	
			or <u>Fax</u>	(571) 273-2885		
where appropriate. All fi correspondence address a indicating a separate "FEE	orther correspondences indicated unless contained and areas of ADDRESS" for many	ce including the Pate orrected below or dir intenance fee notifica	ent, advance orders rected otherwise in l tions.	and notification of mainten- Block 1, by (a) specifying a	Blocks 1 through 5 should be compliance fees will be mailed to the cur new correspondence address; and/or	rrent
CURRENT CORRESPON 49444 75	DENCE ADDRESS 90 10/10/2008		for any change of add	Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any accompanying papers. Each additional paper, such as an assignm formal drawing, must have its own certificate of mailing or transmission		any othe
PEARL COHEN Z 1500 BROADWAY NEW YORK, NY 1	, 12TH FLOOI	•		Certi I hereby certify that t United States Postal Se envelope addressed to	ificate of Mailing or Transmission this Fee(s) Transmittal is being deposited crvice with sufficient postage for first class the Mail Stop ISSUE FEE address above to the USPTO (571) 273-2885, on the date	d with the mail in a c, or bein de indicate
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						(Date
				ATTORNEY DOCKET	CONTENNATIONANO	
APPLICATION NO.	FILING DATE	FIRST NAMEI		NO.	CONFIRMATION NO.	
10/811,906 03/30/2004 Solomon Trainin			Trainin	P-6408-US	3188	
TITLE OF INVENTION:			F CONTROLLING A	A PHYSICAL LAYER OF A	COMMUNICATION DEVICE  TOTAL FEE(S) DUE   DATE	DUE
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ENLAR IDE		ADTIBUT	CI A CC CITOCI	AGG		
EXAMINE VO, DON NGU		ART UNIT 2611	CLASS-SUBCL. 375-260000	ASS		
Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTEL PLEASE NOTE: Unless an assignee is identified below, no assigned for recordation as set forth in 37 CFR 3.11. Completion of this			gnee data will appear on the patent. If an assignee is identified below, the document has been			
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
INTEL CORPORATION			Santa Clara, CA			
INTEL CORFORA	TION		Sai	na Ciara, CA		
Please check the appropriate assignee category or categories (will not be pri  4a. The following fees(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			the don the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government  4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)			
5. The following fees(s) are  a. Applicant claims S		s See 37 CFR 1.27	☐ h Applicant	is no longer claiming SMALL	ENTITY status. See 37 CFR 1.27(g)(2).	
NOTE: The Issue Fee at the assignee or other par	nd Publication Fee ty in interest as sho TO is requested to	(if required) will no wn by the records of apply the Issue Fee	ot be accepted from f the United States I and Publication Fee	anyone other than the appleatent and Trademark Office	icant; a registered attorney or agent	t; or
Authorized Signature:				Date: December 23, 20	008	
Typed or printed name: Zeev Pearl			Registration Number: 60,234			
USPTO to process) an application including gathering preparent on the amount of time you patent and Trademark Of FORMS TO THIS ADDR	blication. Confidenti ring, and submitting to require to comple fice, U.S. Departme ESS, SEND TO: Co	ality is governed by 3 the completed applicate this form and/or sunt of Commerce, P.Ommissioner for Patent	5 U.S.C. 122 and 37 ation form to the US uggestions for reduce D. Box 1450, Alexandrs, P.O. Box 1450, A	CFR 1.14. This collection is PTO. Time will vary depend- ing this burden, should be se dria, Virginia 22313-1450. D lexandria, Virginia 22313-14:	by the public which is to file (and by estimated to take 12 minutes to comping on the individual case. Any comment to the Chief Information Officer, O NOT SEND FEES OR COMPLET 50. it displays a valid OMB control number of the control number o	olete, nents U.S. TED